



DEPARTMENT OF
**PUBLIC HEALTH
AND WELLNESS**

**Request Use of Two-Compartment Sink in a
Retail Food Establishment**

Facility Name: _____

For office use only: ☐ APPROVED ☐ DENIED

Health Authority: _____

Title: _____ Date: _____

Facility Address: _____

Name of person submitting request: _____ Title: _____

Contact number: _____ Contact email: _____

PLEASE CHECK ALL THAT APPLY

☐ Utensils and equipment are cleaned and sanitized using 2-compartment sink in batch operations. There is no ongoing/continuous ware washing during times of operation.

☐ Cleaning and sanitizing solutions are made immediately before use and discarded immediately after use.

☐ Facility is equipped with separate hand sink(s) and mop sink in addition to the two-compartment sink.

☐ All plumbing has been approved by Kentucky Division of Plumbing.

Describe the method used by the facility to properly wash, rinse and sanitize in a two compartment sink. (Attach sheet if necessary. Drawings may be included). _____

List all equipment and utensils that must be washed, rinsed and sanitized. (Attach sheet if necessary). _____

Facility Operations:

Months of operation (specific months)? _____

Days per week (specific days)? _____

Hours of operation? _____

List or attach all menu items: _____



Per KRS 217.005-KRS 201.992 section 4-301.12 of the 2005 FDA Food Code, a sink with at least 3 compartments shall be provided for manually washing, rinsing and sanitizing of equipment and utensils. Alternative manual ware washing equipment may be used when there are special cleaning needs or constraints and is approved by the Louisville Metro Department of Public Health and Wellness. Alternative manual ware washing may include the use of a two compartment sink.

Please visit our website at <http://www.louisvilleky.gov/Health/Environmental/FoodHygiene.htm>. For questions or comments please call 574-6650 between the hours of 8am to 5pm, Monday through Friday.

- ✓ All sections of request must be filled out completely or the submittal will not be processed.
- ✓ All contact information requested must be provided.
- ✓ You may contact a Food Safety Inspector at 574-6650 with questions you have.

✓ Mail or bring request to: Louisville Metro Public Health & Wellness
Attn: Environmental-Gretchen Boyd
or
400 E. Gray St.
Louisville, KY 40202

✓ Email request to: Gretchen.Boyd@louisvilleky.gov

- ✓ The contact person listed for the facility will be contacted within thirty (30) days of submission in the form of an approval or denial letter.
- ✓ If Approved:
 - Approval letter must be kept on file for review by inspector.
- ✓ If Denied:
 - A three compartment sink must be installed within thirty (30) days of receipt of this letter. Plumbing plans must be submitted before installation to the address below:
 - Metro Development Office
Attn: Lynn Hannon
444 S. 5th St.
Louisville, KY 40202
 - An opportunity for an administrative conference will be provided to you if requested, either in writing or by telephone (502) 574-6650 to Louisville Metro Department of Public Health and Wellness within ten (10) days of receipt of denial letter. If you so elect, you may be represented by an attorney or other representative.

11/2013